

The Chase Golf Club

SGU Affiliated



Application For Membership

I hereby submit application for membership of the above Club and I have been informed of the rules and regulations by my proposer.

Please complete in BLOCK CAPITALS

Name:

Address:

.....

.....

Tel No:

Mob No:

E-mail:

Emergency Contact Name:

Emergency Contact Tel No:

Previous Club and/or Handicap

Signed: Date:

Proposer: Seconder:

The Chase Golf Club requires to use the above information to maintain Membership and Handicap records. In signing this form you are Authorising the Elected Office Bearers of the Club to hold and manage that information for those purposes.

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